

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7/19/05</u>	2 Serial/Patent # <u>10/519460</u>
3 Please refund the following fee(s):	
<input checked="" type="checkbox"/> Filing	4 PAPER NUMBER
	<u>12/29/04</u>
<input type="checkbox"/> Amendment	\$
<input type="checkbox"/> Extension of Time	\$
<input type="checkbox"/> Notice of Appeal/Appeal	\$
<input type="checkbox"/> Petition	\$
<input type="checkbox"/> Issue	\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$
<input type="checkbox"/> Other	\$
7 TOTAL AMOUNT OF REFUND <u>\$50.00</u>	
8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment	Treasury Check
<input type="checkbox"/> Duplicate Payment	Credit Deposit A/C #:
No Fee Due (Explanation):	9 <input type="text"/> -- <input type="text"/>
10 REASON:	
<input checked="" type="checkbox"/> Overpayment	
<input type="checkbox"/> Duplicate Payment	
11 REFUND REQUESTED BY: <u>C. Burt</u>	
TYPED/PRINTED NAME: <u>Charitta Burt</u>	
SIGNATURE: <u>C. Burt</u>	TITLE: <u>Paralegal</u>
OFFICE: <u>PCT/PTO</u>	PHONE: <u>308-9140x207</u>
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****	
APPROVED: _____	DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B